

# Katy Youth Football

## 2010 MEDICAL RELEASE

I hereby release \_\_\_\_\_ to

play **Football** for the Fall 2010 football season.

participate in **Cheerleading** for the Fall 2010 football season.

List any Allergies or Other Medical Condition:

Doctor/ Nurse Practitioner Name (please print) \_\_\_\_\_

Doctor/Nurse Practitioner **SIGNATURE\*** \_\_\_\_\_

Doctor/ Nurse Practitioner Phone \_\_\_\_\_

Date \_\_\_\_\_

\*NOTE: This form needs to be physically signed by a Doctor or Nurse Practitioner. A stamped signature will NOT be accepted. This form must be turned into the appropriate coach/Team Parent BEFORE a player/cheerleader can receive any equipment and participate in practice. A fax or copy of the original will be accepted.

I understand all of the above information to be accurate. I, as parent/guardian of said KYF player/cheerleader hereby give permission for said child to participate in any and all activities sponsored by Katy Youth Football.

Parent / Guardian (please print) \_\_\_\_\_

Parent / Guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_